

# **Mark-Up**

**(Draft)**

## **ARKANSAS KIDNEY DISEASE COMMISSION**

### **Rules**

**Arkansas Rehabilitation Services**

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## INTRODUCTION

This manual ~~of operating procedures~~ delineates the ~~policy~~ rules of operation established ~~for~~ by the Arkansas Kidney Disease Commission. Changes, additions, and deletions will be made from time to time in order to insure the best possible services for ~~patients~~ clients with permanent kidney failure who are residents of the State of Arkansas. ~~Manual~~ Rule changes will only be considered ~~made during only after consideration by all~~ Commission meetings when a quorum is declared ~~members~~. A majority vote is required for any change.

# Arkansas Kidney Disease Commission

## RULES

### AUTHORITY

~~Act 450 enacted by the General Assembly of the State of Arkansas; 1971 Regular Session, The Arkansas Kidney Disease Commission (AKDC) was established by the General Assembly of the State of Arkansas through Act 450 of 1971 to establish a program for the care and treatment of persons suffering from chronic renal disease. The legislation charged the AKDC to “provide financial assistance for persons suffering from chronic renal disease who require life-saving care and treatment to the extent as determined by the Commission”. Costs to a patient must not cause an unjust or unusual hardship to himself or his family and must follow the general criterion of the Arkansas Rehabilitation Services’ Need Assessment Requirements.~~

### **Legislative Findings and Purpose**

Legislative findings declared and found that one of the major problems facing medicine and the public health and welfare is the lack of an adequate program to assist in the treatment and cure of persons suffering from chronic kidney disease. It is estimated that a number of citizens of this State annually are confronted with chronic kidney disease, requiring complicated and expensive treatment, which is often beyond the financial resources of such individuals. There is a critical shortage of adequate facilities within the State for the discovery, evaluation, diagnosis, treatment, and cure of individuals suffering from chronic kidney disease. In order to provide for the care and treatment of persons suffering from acute or chronic kidney disease, and in order to encourage and assist in the development of adequate treatment facilities for persons suffering from acute or chronic kidney disease, it is essential that the State develop a program of financial assistance to aid in defraying a portion of the cost for the care and treatment of chronic renal disease to the extent that the individual suffering from such disease is unable to pay for such services on a continuing basis.

### **Commission**

#### **Powers and Duties of the Commission**

The Commission shall have the following functions, powers and duties:

- To establish a program to assist suffering from acute or chronic renal failure in obtaining care and treatment requiring dialysis. Such program shall provide financial assistance for persons suffering from chronic renal diseases who require life-saving

care and treatment for such renal disease to the extent, as determined by the Commission, that such persons are unable to pay for such services on a continuing basis without causing unjust and unusual hardship to himself and his immediate family, including, but not limited to, a drastic lowering of the standard of living.

- Develop standards for determining eligibility for assistance in defraying the cost of care and treatment of renal disease under this program.
- To cooperate with hospitals, private groups, organizations, and public agencies in the development of positive programs to bring about financial assistance and support of evaluation and treatment of patients suffering from chronic kidney disease.
- To cooperate with the National and State Kidney Foundations, and with medical programs of the State and Federal Government, for the purpose of obtaining the maximum amount of Federal and private assistance possible in support of a kidney disease treatment program.
- Establish criteria and standards for evaluating the financial ability of persons suffering from chronic renal disease to pay for their own care, including third party insurance coverage, for the purpose of establishing standards for eligibility for financial assistance in defraying the cost of such care and treatment from funds approved to the commission for renal disease treatment purposes.
- To accept gifts, grants, and donations from private sources, from municipal and county governments, and from the Federal Government, to be used for the purpose of this Act in defraying costs incurred by persons suffering from acute or chronic renal disease who are unable to meet the total cost of life-saving care and treatment for renal disease.

### **Commission Committees**

#### *Financial Committee*

The Financial Committee will be composed of at least two (2) members appointed by the Chairman of the Commission. It will be the responsibility of this Committee to review and make recommendations to the full Commission regarding program rules and practices related to establishing the client financial needs criteria to be utilized by the AKDC ~~ease records pertaining to capital assets, family income, and other resources.~~

#### *Medical Committee*

The Chairman of the Commission will appoint the Medical Committee. This Committee will be composed of as many as eight (8) members, and will include specialists who treat end stage renal disease (ESRD), and may include others who work ~~are working~~ in allied medical fields and are knowledgeable about chronic renal conditions. One member shall serve at the discretion of the Chairman of the Commission as ~~Chairman of this~~ committee. The Chairman of the Medical Committee must be a physician knowledgeable in ESRD ~~who will review the medical reports in an applicant's record. From the available~~

~~reports, or from additional requested material, the Chairman will decide if ESRD does exist. It will be the responsibility of this committee to review and make recommendations to the full Commission regarding program rules and practices related to the services provided by the AKDC. This committee will also establish the specific medical criteria a client must have in order to receive services provided by the program. The Chairman of the Medical Committee may assist in the application review process to ascertain if the individual applying for services meets the established medical criteria. In certain instances the full Medical Committee may be asked to review an application if such is indicated. Medical If so, the Certificate with the full case file will be forwarded to the Chairman of the Commission. If the Chairman of the Commission signs, or the Vice-Chairman signing in the Chairman's absence, the case is approved.~~

~~Under 3.2 — The Medical Committee — An alternative to the full medical committee is that the Chairman of the Commission could designate a medical review of the patient's application to be conducted by a Rehabilitation Physician and a Nephrologist. This will substitute in lieu of the full commission meeting on the patient.~~

~~AKDC OM 1~~

~~REFERRED — REPORTED CASES~~

~~CASE REFERRALS~~

## **ELIGIBILITY**

Persons suffering from chronic renal failure may be referred to the Arkansas Kidney Disease Commission. Referrals will come from physicians, ~~patients~~ clients themselves, rehabilitation counselors, social workers, hospital personnel, the Association of Kidney Disease Patients, the Arkansas Kidney Foundation, the Social Security Administration, and others including individuals and agencies familiar with the person's kidney disease. ~~Referrals should be sent to:~~

~~Arkansas Kidney Disease Commission  
Division of Rehabilitation Services  
P.O. Box 3781  
Little Rock, Arkansas 72203~~

### **Eligibility Requirements**

Eligibility requirements will be applied without regard to sex, race, creed, color, or national origin. With respect to age, no upper or lower limit will be set as a guide to turn away a referral. ~~It will be the responsibility of the Medical Committee to determine the feasibility of serving a case regardless of age. The availability of services for the pediatric renal cases will determine where these may be served.~~

No residence requirement, durational or other, will be imposed which would exclude any individual, who lives in Arkansas and makes or intends to make Arkansas ~~his~~ home, from receiving services.

Certification by a Nephrologist is required confirming the applicant has a diagnosis of ESRD with an indication that the individual is in need of regular renal dialysis treatments or has been the recipient of a kidney transplant.

Financial need will be considered in determining eligibility.

The AKDC will conform to the policies of the Directive/Protection of Families from Government.

~~AKDC OM 2~~

~~CASE ANALYSIS~~

~~DIAGNOSIS~~

### **~~Application Process~~**

~~The case file must contain the following items before a case can be properly considered for service from the AKDC:~~

#### ~~1. Application for Services (See Sec. B-1)~~

~~The Referral Application to AKDC will be used whenever available; however, a letter or statement signed by the client and the completed Rehabilitation Services Survey Interview RS-4 or Division of Services for the Blind Basic Client Information (DBS-1) will be accepted. (See Sec. B-10 and B-10a).~~

#### ~~2. Medical Information~~

~~A new applicant's case record must contain a Nephrologist's report. A Nephrologist is a specialist in kidney disease. Other medical reports of family physicians may be helpful, but are not required. To serve the purpose of the AKDC a summary report from the specialist is important. A verification of ESRD is necessary in order to qualify for AKDC support.~~

#### ~~3. Socio-Economic Data~~

~~Important to the Financial Committee is accurate information relative to the applicant's economic status. A copy of the AKDC Financial Need Sheet (See B-3) must be in the record. Data surrounding capital assessments, monthly income, and third party benefits are necessary.~~

#### ~~4. Employment History~~

~~For the rehabilitation aspects involved in planning with the ESRD patient, it is necessary that the employment history be given. The jobs held, the amount earned, and the limitations now imposed by the ESRD disability should be shown.~~

#### ~~5. Other Information~~

~~The family structure, treatment history of the client, living arrangements, marital status, education, and home stability are important as background material for future planning.~~

### **Referrals**

#### ~~CASES REPORTED THROUGH THE STATE OFFICE, REHABILITATION SERVICES~~

##### ~~Arkansas Rehabilitation Services~~

~~Cases reported to the Arkansas Kidney Disease Commission located at the Arkansas Rehabilitation Services Central Office, will be forwarded to the appropriate Rehabilitation Counselor for a work up. The counselor will report his findings as soon as he can contact the referral.~~

#### ~~CASES REPORTED BY THE DISABILITY DETERMINATION UNIT, SOCIAL SECURITY ADMINISTRATION~~

##### ~~Disability Determination Unit, Social Security Administration~~

~~All chronic renal disease cases being considered for determination by the DDU, Social Security Administration will be referred to the AKDC for consideration. DDU will forward their form SSA-1407, Transmittal of SSA REFERRAL FOR VOCATIONAL REHABILITATION along with available medical and other information to the AKDC, Central Office. The Chairman of the Medical Committee Program will review each referral. If end stage renal disease does or does not exist, the case is referred to a Rehabilitation Counselor. If it is end stage renal disease, the counselor's work up is done for the AKDC and for the Rehabilitation Service if he accepts the case for the Agency. If end stage renal disease is not shown, the counselor will investigate the referral to see if Vocational Rehabilitation services are indicated.~~

~~Counselor action will be reported to the DDU unit of the SSA.~~

#### ~~REFERRALS MADE BY OTHER PROFESSIONAL PERSONNEL, AGENCIES, HOSPITALS, INDIVIDUALS~~

##### Other Referrals

~~All of these referrals will be investigated and a report made to the referral source.~~

### **Application for Services**

Individuals applying for services available through the program are requested to complete the AKDC Referral Application. Utilization of the AKDC Referral Application (Form KD-1) is preferred as it contains the necessary individual identifying information as well as income, benefit, and asset information to determine financial need. The Referral Application also includes the required Nephrologist certification indicating the applicant has ESRD or been the recipient of a kidney transplant.

### **Certificate of Eligibility/Ineligibility**

A certificate of eligibility-ineligibility (Form KD-10, ~~B-2~~) will be completed prior to the provision of services, or the refusal of services, as the case may be. The AKDC Program

Administrator will have the responsibility to review the Referral Application applying the established financial needs criteria. A financial need standard will be applied. After each member agrees that financial assistance is needed, or that such assistance is not in order, the Certificate will be noted accordingly and signed by each member. Those cases found to be in financial need will be referred to the Medical Committee. The applicant will be notified if financial need is not met. The signature of the AKDC Program Administrator will only be required on the Certificate of Eligibility/Ineligibility for those applicants not meeting the program's established financial needs criteria. Applications of individuals determined to meet the established financial needs criteria will be referred to the Chairman of the Medical Committee or, if so determined by the Commission Board, a physician employed by Arkansas Rehabilitation Services to ascertain whether the applicant's medical condition is consistent with the established program criteria to be eligible for services. (Refer to B-3) The signature of the AKDC Program Administrator, the reviewing physician, and the Chairman of the Commission is required on the Certificate of Eligibility/Ineligibility for those applicants determined eligible to receive program services. The Vice-Chairman of the Commission will sign in the absence of the Chairman. The appropriate Commission member(s) will sign the Certificate. Applicants and other concerned will be notified of the decision made, whether approved or denied.

#### **Medical Reports**

~~A medical summary by the renal specialist showing the diagnosis, prognosis, and recommended care and treatment program is considered the best medical information in a new case. Other medical reports, including daily contacts, are acceptable so long as the diagnosis, prognosis, and recommended care and treatment are shown.~~

~~The Chairman of the Medical Committee will review each medical report on the new cases to determine if ESRD exists. If a severe or unusual medical problem arises, the entire Medical Committee will be sent a copy of reports and polled for their opinions. This may result in a definite decision or require a called meeting of the Committee. Normally, the Chairman's review suffices and the case is forwarded to the Chairman of the AKDC. His approval is final. He may also request additional information before making a decision. The Vice-Chairman will sign in his absence. The client and others concerned will be notified of the final decision.~~

~~The Chairman of the Medical Committee reviews cases referred with adequate medical data to determine if ESRD exists. If so, this enables more rapid development of the case.~~

### **FINANCIAL NEED/COMPARABLE BENEFITS**

#### **Client's Resources**

Every applicant's request for services will be reviewed to determine if other benefits are available. It is the intention of the AKDC to assist all eligible ESRD cases, but only to the extent that such services will supplement other benefits.



Financial need is basic for AKDC services. Many individuals lack adequate financial resources to maintain themselves and/or their dependents and ~~Therefore, they are often~~ unable to meet needs arising from the extraordinary circumstances associated with ESRD. AKDC ~~policies rules and procedures~~ practices are based on the concept of assisting the client with a limited number of prescriptions and as well as some dental and medical services. In determining an individual's financial resources, ~~the financial committee will identify~~ all resources available to the client and his/her household spouse will be considered. If the applicant ~~client~~ is a dependent, the resources of the parents will be determined. The exception is if the applicant ~~client~~ is a dependent and is receiving SSI benefits, he/she may be considered a family of one. The Commission members will establish the standards for determining financial need.

When determining financial need, the AKDC will consider the available financial resources of the total household unless an exception exists. Income sources to be considered include wages; business income; social security, SSDI, and SSI benefits; retirement income; veteran's benefits; income from stocks, bonds, or other investments; and other identifiable liquid assets.

#### *Standards for Determining Financial Need and Providing Services*

Provision of services conditioned on financial need entail:

- 1) ~~Determination of the client's financial ability or inability to obtain services, either through individual or other resources~~
- 2) ~~Determination of the extent ARS will provide these services to the individual lacking sufficient resources.~~

#### *Need Standard*

#### **Standards for Determining Financial Need and Providing Services**

##### *Establishment and Availability of Resources*

~~Ascertaining an individual's financial resources is an important step in determining ability or inability to pay for rehabilitation services. A resource is considered available only if it is at the client's disposal when needed. Careful study of the individual's resources is necessary to determine availability. The Program must predicate determine an individual's eligibility for certain services on financial need. It must also be determined that funds for these services will supplement rather than replace the client's own resources. Stripping the individual of all resources may impair his/her treatment.~~

~~Exclusions include cash and/or liquid assets up to \$4,000 for persons without dependents and \$6,000 for persons with dependents.~~

#### *Kinds **Types** of Resources*

~~The most common types of resources to determine financial need include:~~

- 1) ~~Current income:~~
  - A) ~~Wages (Net) This refers to any type of wages paid to a client.~~
  - i) ~~Deductions should be limited to those beyond a client's control such as income, Social Security and unemployment insurance taxes. This does not include savings bond deductions, which can be discontinued or liquidated. It~~

~~is not difficult to determine when a client's earnings are regular. When earnings are occasional or seasonal, and the amount varies, it is permissible for the financial committee and client to work out a reliable average based on past income. The financial committee will document on the Financial Resource Sheet when wages are determined from past income.~~

- ~~ii) A need standard in the form of a Normal Living Requirement (NLR) has been established for different family groups and single individuals living alone by utilizing the Arkansas Rehabilitation Services need standard. The NLR includes amounts for food, shelter, clothing, household maintenance, routine medical care, personal care, recreation, insurance, and personal taxes.~~

<u>Number of Persons</u>	<u>Monthly Amount</u>
<u>1</u>	<u>\$2,400</u>
<u>2</u>	<u>\$2,800</u>
<u>3</u>	<u>\$3,200</u>
<u>(\$400.00 for each additional family member)</u>	

~~2) Income from other sources:~~

- ~~A) Contributions from family or other individuals.~~
- ~~B) Payments by roomers or boarders.~~
- ~~C) Rent from property (net income).~~
- ~~D) Net income from farm produce or business enterprises.~~
- ~~E) Scholarships or fellowships.~~
- ~~F) Public assistance payments.~~
- ~~G) Income from private welfare agencies or clubs.~~
- ~~H) Disability insurance including Social Security.~~
- ~~I) Pension and retirement benefits.~~
- ~~J) Stocks, bonds or other investments.~~

~~3) Property:~~

- ~~A) Personal Property—~~
  - ~~i) Consider only livestock that could be sold without depleting the herd or creating a hardship.~~
  - ~~ii) Individual's vehicle is not calculated as a resource.~~
  - ~~iii) Household furniture is not calculated as a resource.~~
- ~~B) Real Property~~
  - ~~i) Client's home is exempted.~~
  - ~~ii) Other real property is calculated with a \$25,000 exemption other than client's home.~~

### **Comparable Benefits of the Individual**

The comparable benefits provision provides the AKDC with an organized method for assessing an individual's eligibility for benefits under other programs. Any benefits available to individuals under any other program to meet, in whole or in part, the cost of any AKDC service is not a factor in determining eligibility for AKDC services.

### **Other Resources/ Similar Benefit**

Any services that the applicant may receive, or be eligible to receive from other sources will be used first. The AKDC may only supplement these benefits.

### **Co-Payment**

~~A co-payment in the amount of \$2.00 will be assessed per prescription. The AKDC Commission Board members will establish any co-payment for services that is to be paid by a client of the program. The AKDC has assessed clients a co-payment for prescription drugs to be paid at the point of sale. This co-payment will be paid by the client at the point of sale.~~

### **No Insurance Coverage**

~~When an approved kidney patient has no insurance coverage, during the first 90 days since ESRD diagnosis, the AKDC will cover 80 percent of the kidney patient's charges.~~

### **Other Benefits**

#### ***Medicare***

~~To qualify under Medicare for the disabled provision, a person with chronic renal disease must be entitled to monthly disability insurance for twenty-four (24) months. When Medicare pays, the AKDC only covers the 20 percent (20%) differential.~~

~~To qualify for Medicare under the chronic renal disease provision, a person must:~~

- ~~1. Have end-stage renal disease (permanent kidney failure) requiring dialysis or transplant and~~
- ~~2. Either be entitled to a monthly insurance benefit under the Social Security Act or an annuity under the Railroad Retirement Act:~~

~~—Or~~

- ~~1. Be fully or currently insured under the Social Security Act or Railroad Retirement Act~~

~~—Or~~

- ~~1. Be the spouse or dependant child of a person who is either entitled to a monthly benefit or fully or currently insured under the Social Security or Railroad Retirement Act.~~

~~Meeting other eligibility requirements, the chronic renal disease provision permits entitlement beginning:~~

- ~~1. The first day of the third month after the month dialysis begins. (Example: Dialysis began 2-12-00; Medicare coverage begins 5-1-00)~~

~~Or~~

- ~~1. The first month an individual is admitted as an in-patient to an approved institution in preparation for or in anticipation of a kidney transplant, but only if surgery occurs in that month or either of the next two (2) months, or on the first day~~
- ~~2. of the second month if the transplant is delayed more than two (2) months after the initial month of hospital stay;~~

Or

- ~~1. The first day of the month in which a regular course of dialysis begins if the individual participates in a self dialysis training program in a Medicare approved facility.~~

### ***Medicaid***

~~Medicaid is a grant-in-aid program funded by the Federal and State governments who share Medicaid care costs for people with low income. Medicaid complements the hospital insurance provision of Medicare by paying all or part of the deductible and co-insurance amounts for needy and low-income families. An ESRD case may completely deplete the entire Medicaid coverage. When possible, the Commission will try to see that a reserve is left for others covered.~~

### **EFFECTIVE DATE OF SERVICE**

~~The effective date a client will be eligible to receive of eligibility for paid for services provided by the AKDC will be established by the program. An applicant must be determined eligible prior to program funds being authorized. The AKDC shall not authorize payment for any services prior to the effective date of service, and may be the date the patient signed an acceptable application for services. If ESRD is not established, the case will be so noted.. (See Section AKDC-OM-05).~~

### **Application for Services**

~~An application must be received before AKDC funds will be authorized. The effective date will be the date an application is signed by the client. Once an access site for dialysis has been created, this cost may be covered if ESRD is subsequently established. Payments for other services may be retroactive to the date of the first dialysis.~~

### **Early Services Covered**

~~The AKDC may authorize retroactively those procedures directly related to the management of end stage renal disease (i.e., creation of an arterial-venous fistula; placement of in dwelling peritoneal prosthesis). Such payment will exclude diagnostic procedures and urological investigations leading to the diagnosis of end-stage renal disease.~~

~~The Commission may pay the pro-rated cost of supplies purchased prior to the Commission support as long as those supplies are unused at the time support is given. A notarized statement by the patient will serve as sufficient record of inventory for payment.~~

### **Interim Services Not Covered**

~~Subsequent to development of an access site for dialysis, all other forms of medical or surgical treatment will be excluded from AKDC liability until the patient begins "a regular course of dialysis treatment". Within this context, a "regular course of dialysis treatment" is defined as regularly scheduled, recurrent episodes of hemodialysis or peritoneal dialysis.~~

## **Financial Cap**

The Commission Board members will establish a limit on per client per year expenditures of \$5,000 per state fiscal year. ~~patient will be has been established by the Commission. When~~ During the course of a fiscal year should expenditures for a client exceed the limit allowed per year ~~the amounts are exceeded~~, the case will be referred to reviewed by the Commission Board for review ~~further consideration to determine a course of action.~~

## **Termination of Services**

~~Entitlement under the Chronic Renal Disease Provision Ends~~

~~Paid for services provided by the AKDC will be terminated the day a client dies. Eligibility for paid for services will also be ended the last day of the ~~twelfth (12th)~~ month after the month his a client's~~ course of dialysis is terminated unless the individual has received a kidney transplant. It will be the practice of the AKDC to mirror Medicare regarding clients receiving kidney transplants.

~~Or~~

~~The last day of the ~~forty four (44) month~~ ~~thirty sixth (36th) month~~ after the month of transplant or Medicare terminates Entitlement unless the individual receives another transplant or begins a regular course of dialysis during that period, in which instance resumption begins the month dialysis started.~~

~~Or~~

~~The last day of the month date the individual dies. (whichever of these dates occurs first).~~

## **Billings**

~~All bills must be submitted for payment within 30 days of rendering services or payment will not be made.~~

~~Beginning July 1, 1982, the AKDC pre-authorized services to vendors for approved clients on a quarterly basis.~~

~~The Arkansas Kidney Disease Commission will introduce and maintain an electronic card system for accessing medication rather than the approval letter.~~

## **SERVICES**

The availability of funds will influence the services provided by the AKDC. The Commission Board will determine specific services to be funded by the program each fiscal year. Covered services can include: outpatient pharmaceutical drugs, supplies, equipment, professional services, transplant services, medical services, and pre transplant dental services. and other medical related services. Specific services to AKDC clients, including those in need of continuing services, will be provided based upon the availability of funds. ~~not be curtailed on cases needing continuing services unless AKDC funds are unavailable.~~ During the course of a fiscal year should it be determined insufficient monies are available to fund services provided by the program at existing levels for the remaining portion of the fiscal year, the Commission Board will establish

the manner in which services will be curtailed, or if required, terminated for the remainder of that fiscal year. Should the curtailing of services result, preference will be given to those in need of continuing services.

### **Outpatient Pharmaceutical Drugs**

The AKDC may pay for a limited number of ESRD related prescription drugs. Medications paid for by the program must be consistent with the approved AKDC drug list. A client co-pay for allowable drugs is required. The AKDC will only participate in the purchase of immuno-suppressant medications as a co-payer. Program co-payment for immuno-suppressant drugs shall not exceed twenty percent of the Medicare allowable rate.

### **Medical Services**

The AKDC may assist in paying for some of the ESRD related medical treatment costs during the Medicare three-month waiting period or when no other coverage exists. Documentation of lack of coverage and prior authorization is required to be eligible for this service. The AKDC shall not provide payment for any durable medical equipment. Payment for any medical service will be consistent with the established fee schedule.

### **Pre-Transplant Dental Services**

The AKDC may assist with dental charges when a dental problem jeopardizes the health and treatment program outlined by the renal specialist and may be covered only for the purpose of kidney transplantation. Payment for services rendered will be prior approved and consistent with the established dental fee schedule.

### **Referral Services**

The AKDC will assist clients diagnosed with ESRD with referral to other programs including vocational rehabilitation.

~~AKDC will not cover medical equipment such as wheelchairs, walkers, commode seats, etc.~~

### **Donor Transplant Services**

#### ~~1. Transplant and Donor Costs~~

~~The AKDC may cover certain transplantation and kidney donor costs not elsewhere covered by Medicare or other benefits.~~

#### ~~2. Related living Donors~~

~~AKDC funds will be used to support costs of a related living donor in kidney transplant services after all other resources have been used.~~

#### ~~3. Cadaveric Kidneys~~

~~AKDC funds will be used to support costs of cadaveric kidney transplant services after all other resources have been used. These services will exclude kidney acquisition and transfer costs.~~

## **Supplies, Rent, Outpatient Drugs, Equipment, Maintenance and Repairs**

AKDC will cover diabetic supplies for approved clients.

~~The AKDC will pay for the costs not elsewhere covered for:~~

~~Dialysis supplies as prescribed~~

~~Rental/purchase of dialysis machines.~~

~~Outpatient drugs.~~

~~(Within limits as defined by Section AKDC-OM-3)~~

### *Dialysis Machines*

~~The Commission will pay the difference between the amount that Medicare and private insurance allows and the actual charges for rental or purchase of dialysis machines for use in home dialysis. For patients with no coverage, AKDC will pay 80 percent of the kidney patient's charges (See Section AKDC-03).~~

### *Dialysis Supplies*

~~The Commission will pay the difference between the amount that Medicare and private insurance allows and the actual charges for prescribed dialysis supplies used in self-dialysis training and those used during dialysis at home. For patients with no coverage, AKDC will pay 80 percent of kidney patient's charges (See Section AKDC-03).~~

### *Electrical and Plumbing Installation Costs*

~~The AKDC may assist when other funds are not available to the patient, in electrical hook-up of kidney machines, plumbing extensions, drains, and minor installation costs.~~

## **Professional Charges**

~~Fees to physicians, technicians, psychologists, and others will be based upon the usual and customary charges paid only after rejection from Medicaid spend down program. The rate but not to exceed Medicare maximums or when the maximums fees are set by the AKDC. When Medicare pays, AKDC only covers the 20 percent differential. No private insurance or Medicare co-pay will be allowed.~~

## **MEDICATIONS**

### **Out Patient Drugs**

~~The AKDC may purchase outpatient drugs for ESRD patients to the extent not elsewhere covered, and as prescribed by the renal specialist physician (within limits as described by Section AKDC-03). The Commission will establish the formulary as to the drugs provided and the number of drugs provided. A co-payment in the amount of \$2.00 will be assessed per prescription. This payment will be paid by the client at the point of sale.~~

### **Other Related Medical Conditions**

~~Under 4.5 — (A.) All initial exams and X-rays are to be paid for by Medicare.~~

~~All dental work will be confined to removing all sorts of possible infection in oral hygiene for transplant candidates only. Services will be paid for at 80% of the Blue~~

~~Cross Blue Shield rate or the Medicaid standards, whichever the lowest by the fee schedule established by the AKDC. Any charges in excess of \$250.00 will be prior approved on an individual basis.~~

#### **Other Medical Services**

~~Any medical problem, which may endanger the life of the patient and prevent the usual course of treatment of the ESRD patient, may be considered by the AKDC for financial assistance. All requests over \$1000 will be reviewed by the Medical Committee.~~

#### **Psychological Services**

~~Psychological evaluations and treatment may be covered by the AKDC when recommended by the physician in charge of the ESRD patients. This may include family and group therapy sessions. This service must be audited by the vendor and the medical specialist in order to assure that only those needing such service receive it and for how long.~~

#### **Hospital Room Rates**

~~Semi-private room rates only will be authorized unless private room accommodations are required and so requested by the physician in charge. AKDC will pay according to the Arkansas Rehabilitation Services vendor fee schedule.~~

#### **Out-Of-State Services**

~~Out-of-state treatment may be authorized but only if such treatment cannot be delivered in the State of Arkansas. Each application for out-of-state treatment will be reviewed on an individual basis. Exception: Upon the recommendation of the renal specialist that a patient needs to be out-of-state and dialysis must be maintained, this privilege will be granted.~~

#### **Extended Services**

~~Medicare extends coverage for forty four (44) thirty-six (36) months after the month an individual receives a transplant or Medicare Entitlement terminates. The AKDC will continue coverage for eligible patients, but only to supplement Medicare or other resources for forty four (44) thirty-six (36) months after the month an individual receives a transplant. Usually check-up visits and medication are the major services. Paid for services for individuals who have received transplants will continue after all other resources avenues pay or exhausted.~~

**~~Immunosuppressive therapy will only be covered for three-year post transplant.~~**

AKDC OM 4

AKDC OM 5

OPERATING POLICY

CASE PROCESSING

Referral



~~All referrals to the AKDC will receive immediate attention.  
Counselors of the Arkansas Rehabilitation Service will receive referral information as soon as possible after an application is made.~~

~~The counselor will complete an individual survey, RS-4 or DBS-1, a financial needs form (KD-2, B-3), secure needed medical reports if necessary, and forward to the Central Office for further consideration.~~

~~The counselor will evaluate the case to determine if he may need to close the case in status 08 (closed after evaluation). In either instance he forwards the record to AKDC.~~

## **VENDOR BILLING PROCEDURES**

### **Processing of Bills**

~~The AKDC payment clerk reviews vendor requests for payment for the following:~~

~~Client approval and effective date.  
Medicare, Medicaid, or personal insurance or other benefits.  
Duplicate payments.  
Billing amounts.~~

~~If client paid for services, the client may be reimbursed. However, AKDC prefers direct billing from the vendor. (See comment AKDC-OM-05)~~

### **Payment for Services to Vendors**

The AKDC will process payment for services when in receipt of a signed vendor statement or letter that includes the client's name and other necessary identifiable information, a description of services provided, date(s) of service provision, and cost. Claims for prescription drugs are to be submitted on the AKDC Prescription Drug Claim Form. The AKDC will not pre-pay for a service, only providing payment after the service has been rendered. Requests for payment for services rendered must be received by the program within one calendar year of the date of service. The AKDC will not provide remittance for those requests for payment that exceed the one-year from date of service limit.

### **Confidentiality, Use, and Release of Client Records and Information**

The AKDC will develop and maintain a case record for applicants and individuals determined eligible to receive services available through the program. Client information developed or received by the AKDC will be the property of the program. Information contained in the case record may only be used for determining eligibility/ineligibility for AKDC services, providing payment for services rendered, or other program operations. The AKDC will endeavor to maintain personal information contained in the case record in a secure manner and treat such information with the highest degree of confidentiality.

The AKDC Program Administrator shall be designated as the custodian of applicant and client case records. The Program Administrator will have the responsibility of insuring such information is maintained in a safe and secure manner consistent with State and Federal regulations. The Program Administrator shall provide training to AKDC staff regarding how applicant and client information will be developed, maintained, and shared with affected parties. The Program Administrator will be responsible for the destruction of all closed case files.

When requested in writing, the AKDC will make available to the applicant or client, or if appropriate the individual's representative, information contained in that person's case record. Should the applicant or client or, if appropriate, that individual's representative believes information contained in the case record to be inaccurate or misleading, a written request can be made to the program to amend such information.

In the event another agency or organization requests personal information contained in the case record of an AKDC applicant or client, the program will only release such information with written consent of the applicant or client or, if appropriate, that individual's representative. It will be the responsibility of the AKDC and parties involved to respect the confidential nature of personal information and limit information exchanged to that minimally necessary. The AKDC will release personal information contained in the case record in response to investigations in connection with law enforcement, fraud, and abuse unless expressly prohibited by State and Federal laws and regulations and in response to an order issued by a judge, magistrate, or other authorized judicial official.

## FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

**DEPARTMENT** of Workforce Education

**DIVISION** Arkansas Rehabilitation Services

**PERSON COMPLETING THIS STATEMENT** John Wright

**TELEPHONE NO.** 296-1614 **FAX NO.** 296-1681 **EMAIL:** JWWright@ars.state.ar.us

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and propose rules

### **SHORT TITLE OF THIS RULE**

Arkansas Kidney Disease Commission Rules

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?  
Yes \_\_\_\_\_ No X
2. If you believe that the development of financial impact statement is so speculative as to be cost prohibited, please explain.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation. Please indicate if the cost provided is the cost of the program.

#### **Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_

Total \_\_\_\_\_

#### **Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_

Total \_\_\_\_\_

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation? Identify the party subject to the proposed regulation, and explain how they are affected.

#### **Current Fiscal Year**

\$ 0

#### **Next Fiscal Year**

\$ 0

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

#### **Current Fiscal Year**

\$ 0

#### **Next Fiscal Year**

\$ 0

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE  
ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

**DEPARTMENT/AGENCY** Department of Workforce Education

**DIVISION** Arkansas Rehabilitation Services

**DIVISION DIRECTOR** John Wyvill, Commissioner

**CONTACT PERSON** Jim Moreland, Program Administrator

**ADDRESS** 1616 Brookwood Dr., Little Rock, AR 72203

**PHONE NO:** 501-686-2806 **FAX NO:** 501-686-2831 **E-MAIL** [jdmoreland@ars.state.ar.us](mailto:jdmoreland@ars.state.ar.us)

**INSTRUCTIONS**

- A. Please make copies of this form for future use.**
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.**
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.**
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of your proposed rule and required documents. Mail or deliver to:**

**Donna K. Davis  
Subcommittee on Administrative Rules and Regulations  
Arkansas Legislative Council  
Bureau of Legislative Research  
Room 315, State Capitol  
Little Rock, AR 72201**

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- 1. What is the short title of this rule? Arkansas Kidney Disease Commission Rules
- 2. What is the subject of the proposed rules? Rules of operation to outline how the Arkansas Kidney Disease Commission (AKDC) will conduct business.
- 3. Is this rule required to comply with federal regulation or statute regulations? Yes \_\_\_ No X

If yes, please provide the federal regulation and/or statute citation.

- 4. Was this rule filed under the emergency provision of the Administrative Procedure Act?  
Yes \_\_\_ No X

If yes, what is the effective date of the emergency rule? NA

When does the emergency rule expire? NA

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes \_\_\_ No \_\_\_ NA

5. Is this a new rule? Yes \_\_\_\_ No   X   If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes \_\_\_\_ No   X   If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes   X   No \_\_\_\_ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. NOTE: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for the proposed rule? If codified, please give Arkansas Code Citation. Act 450 of 1971
7. What is the purpose of this proposed rule? Why is it necessary? Describe of the purpose and function of the AKDC.
8. Will a public hearing be held on this proposed rule? Yes   X   No \_\_\_\_  
If yes, complete the following:  
Date: October 19, 2004  
Time: 1:00 p.m. – 3:00 p.m.  
Place: 4601 W. Markham, Little Rock, AR
9. When does the public comment period expire for permanent promulgation? (Must provide a date.)  
October 20, 2004
10. What is the proposed effective date of this proposed rule? (Must provide a date.)  
November 15, 2004
11. Do you expect this rule to be controversial? Yes \_\_\_\_ No   X   If yes, please explain.
12. Please give the names of persons, groups, or organizations, which you expect to comment on these rules? Please provide their position (for or against) if known.

None known at this time.